

No. 2  
4-13-40  
5-17-39  
PI X23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 9 mo. 8 days  
(Specify whether years, months or days)

In this community. 32 years

3. (a) PRINT FULL NAME William Edwards

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. Unknown

6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased December 5 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Louisville Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Oscar Edwards

13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Gilpin

15. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Sullivan

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 6 - 11 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Cullinane Bros.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 1710 N. Grand Blvd.

19. (a) JUN 11 1941 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000

(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1941 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from May 30, 1941 to June 6, 1941  
that I last saw him alive on June 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease

Due to \_\_\_\_\_

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 93

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. E. Shank (M. D. or other) \_\_\_\_\_

Address 5600 Arsenal Date signed 6/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Fred Frick*

Licensed Embalmer No. 3186

P.O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**